

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/10/2002 VTRUONG1 00000069 10036957

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|-----------|--------|----|
| 01 FC:201 | 370.00 | OP |
| 02 FC:203 | 180.00 | OP |
| 03 FC:204 | 140.00 | OP |

PTO-1556
(5/87)

12/20/01



1055 U.S. PTO

01-07-02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Joseph Ted DiBene, II, David H. Hartke, Carl E. Hoge, and Edward J. Derian
Docket: G&C 115.38-US-I1
Title: ULTRA-LOW IMPEDANCE POWER INTERCONNECTION SYSTEM FOR ELECTRONIC PACKAGES

JC903 U.S. PTO
10/036957

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

'Express Mail' mailing label number: EL904208646

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I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

By:

Darlene Ross

Name: Darlene Ross

BOX PATENT APPLICATION

Commissioner for Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate Of Mailing Under 37 CFR 1.10.
- ☒ Continuation-in-Part Patent Application: Spec. 57 pgs; 40 claims; Abstract 1 pg(s).
The fee has been calculated as shown below in the "Claims as Filed" table.
- ☒ 27 sheets of Drawings
- ☒ Verified statement to establish small entity status
- ☒ An unsigned Combined Declaration and Power of Attorney
- ☒ PTO-2038 Credit Card Payment Form for the amount of \$690.00 to cover the Filing Fee
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed | In Excess of: | Number Extra | Rate | Fee |
|------------------------------|---------------|--------------|-----------|------------|
| Basic Filing Fee | | | | \$370.00 |
| Total Claims | | | | |
| 40 | 20 | 20 | x \$9.00 | = \$180.00 |
| Independent Claims | | | | |
| 1 | 3 | 0 | x \$42.00 | = \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | \$140.00 |
| TOTAL FILING FEE | | | | \$690.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0494. A duplicate of this sheet is enclosed.

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By:

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(PTO TRANSMITTAL - NEW FILING)